

Serial No. 10/034589

PATENT

2-20
\$ 11.00
3739
#15/RCE

**REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL AND FEE
AUTHORIZATION**

Applicant: Kuehn, et al Examiner: Aaron F. Roane
Serial No.: 10/034589 Group Art Unit: 3739
Filed: December 28, 2001 Docket No.: 01610.0072-US-01
Title: ANNULOPLASTY RING HOLDER

CERTIFICATE UNDER 37 C.F.R. 1.10:

'Express Mail' mailing number: EV 314775636 US

Date of Deposit: February 24, 2004

The undersigned hereby certifies that this Transmittal Letter and the paper or fee, as described herein, are being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Commissioner for Patents, Alexandria, VA 22313-1450.

By:

Cheryl L. Millman
Cheryl L. Millman

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

EV314775636US

1. This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.
2. The following are submitted under 37 C.F.R. §1.114.
 - a. ☒ Previously Submitted
 - ☒ Amendment/Reply under 37 C.F.R. §1.116 previously filed on December 23, 2003
 - ☐ Appeal Brief previously filed on
 - ☐ Reply Brief previously filed on
 - ☐ Other
 - b. ☒ Enclosed
 - ☐ Amendment Accompanying Request for Continued Examination Under 37 CFR § 1.114
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement
 - ☒ Petition for Extension of Time
 - ☒ Other: Fee Calculation Sheet

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TECHNOLOGY CENTER R3700

02/27/2004 CNGUYEN 00000030 10034589

01 FC:1801

770.00 DP

3. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of _____ months.
- b. ☐ Other:

4. Fees

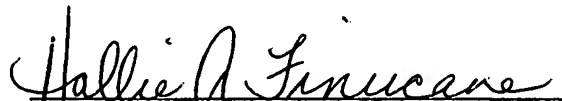
- a. ☒ Check(s) for required fees
1. ☒ Check in the amount of \$770.00 for RCE filing fee.
 2. ☐ Check in the amount of _____ for request for suspension of action
 3. ☒ Check in the amount of \$420.00 for an Extension of Time
 4. ☐ Other:
- b. ☐ The Commissioner is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account number 50-1038. A duplicate copy of this form is enclosed.
1. ☐ The RCE fee of _____ required under 37 CFR 1.17(e).
 2. ☐ The request for suspension of action
 3. ☐ The Extension of Time for _____ months
 4. ☐ Other:
- c. ☐ Payment is made via credit card. (Form PTO-2038 is enclosed)
- d. ☒ Authorization is hereby given to charge any fees that relate to the filing of this RCE and are necessary to avoid abandonment of this application, or credit any overpayments, to Deposit Account Number 50-1038. If an extension of time for replying is necessary, the undersigned hereby petitions therefor.

Respectfully submitted,

Altera Law Group, LLC
Customer No. 22865

Date: February 24, 2004

By:


Hallie A. Finucane
Reg. No. 33,172
HAF/mar



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kuehn, et al Examiner: Aaron F. Roane
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By: Cheryl L. Millman
Cheryl L. Millman

FEE CALCULATION

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Claims Present	Rate	Fees
Total Claims	21	21	0	X \$18.00	\$ 0.00
Indep. Claims	2	3	0	X \$86.00	\$ 0.00
Multiply Dependent Claims					\$ 0.00
RCE Filing Fee					\$770.00
TOTAL FEES					\$770.00

Respectfully submitted,

Altera Law Group, LLC
Customer No. 22865

Date: February 24, 2004

By:

Hallie A. Finucane
Hallie A. Finucane
Reg. No. 33,172
HAF/mar

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TECHNOLOGY CENTER R3700

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/034589

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR: <i>PCE A</i>	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 4 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	770.00 740.00
X\$18=	
X84=	
+280=	
TOTAL	770.00

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.